## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.
1059775)

APPLICANT(S)

FILING DATE

1 2 3 4 5 6 7 8 9	IND.	DEP.	I*AME IND.		2 ™AMD	ENDMENT	ł	ı	ASI	TLED	AF	TER	AF	T
2 3 4 5 6 7 8					AFTER  2 **AMENDMENT  IND. DEP.		1	1	AS FILED		AFTER 1"AMENDMENT		AFT	
3 4 5 6 7 8					IIVD.	DEP.			IND.	DEP.	IND.	DEP.	IND.	Ī
4 5 6 7 8								51	<del> </del>				410.	+
5 6 7 8 ,9								52						╁
6 7 8 ,9								53 -						t
7 8 9							ł	<u>54</u> 55				1		┢
8							ł	56						┢
,9				4			ŀ	57						-
10			3	<del>/</del>			r	58						
			7-					59						
11								60						
12							L	61						
13							-	62						
14							-	63			-			_
15 16							<b> </b>	64						
17							<b> </b> -	65 66						_
18							<b> </b> -	67						_
19							-	68	<del></del>					
20								69						_
21		_						70 ·						
22								71				<del></del>		
23								72						
24 25							<u> </u>	73						
25 26							<u> </u>	74 75						_
27							<u> </u>	76						
28								77						_
29	_					·	7	78						
30							7	19					_	
1							8	0						
3							8							
4							<u>8</u>						_	-
5							8							
6							8:							
7				_			80	6						
8					_ _		87	7						
2							88	3						
)							89				_			
							90							
-						-	91 92							
	-					$\neg$	93							_
7 2 2 2 2	1	-			12.0		94		-			1		
			_				95							
		<del>- </del>					96	1		<del></del>				
		<del>-</del>	<del>- </del>				97		1	<del>- </del>	-		-	_
	111		10			_	98				40	-		
			-	-		-	99			1	-		-	_
L		77					100				<del> </del>		<del>- </del>	-
<del>:  </del>	<b>」</b> ▼	1 ×	<b>⊿</b> ▼	L			TOTAL IND.	1	J		1	<del></del>	<del></del>	닉
	4	1 4	4			ı	TOTAL		_ ▼		」 ▼	L	1 4	
	2000	19	100000000000000000000000000000000000000	72	7		DEP.		<b>4</b>	· ·	4			- [
s							TOTAL		- SECTION OF	*	EXEMPERATOR		. 7	
360 (REV. 11/			- Binnadd Adei	Article .	500		CLAIMS			37 32				